

APPLICATION FOR EMERGENCY AUTHORIZATION TO WITHDRAW WATER

Environmental and Public Protection Cabinet

Applicant Information

(Name of Person or Organization Requesting Authorization)

(Street Address) (City) (State) (Zip Code)

Authorization Request

Explain why this Emergency Authorization is necessary: _____

Withdrawal and Metering Information

Estimate amount of water available from current supply _____ MGD Estimate additional water needs _____ MGD

Expected daily amount withdrawn from emergency source _____ MGD Date emergency withdrawals will begin: _____

Estimated length of time the emergency source will be used _____

Will a pump be used? Yes ____ No ____ If yes, what is the rated pump capacity (gpm)? _____

Estimated rate of water withdrawal in gallons per minute: _____ Estimated number of hours pumped per day _____

Method for measuring withdrawal amounts: Meter _____ Type of meter _____

If not metered, describe measurement method _____

Source of Water

Name of proposed emergency source _____ County _____

Geographic coordinates of withdrawal site: Latitude _____ Longitude _____

River/Stream Information:

Stream mile (if known) _____

Location description if stream mile is unknown _____

Impoundment/Lake Information:

Name of Lake or Impoundment: _____ County: _____

Name of impounded stream: _____

Stream mile of impoundment (if known): _____

Describe location of impoundment if stream mile is unknown: _____

Impoundment Volume: _____ Impoundment Drainage Area: _____ (indicate square miles or acres)

Spring-fed Sources:

Spring name: _____ County _____

Describe physical location of spring: _____

Name of Owner: _____

(Street Address) (City) (State) (Zip Code)

Estimated discharge (in cubic feet per second or gallons per day) _____

Are there other users of this spring? Yes ____ No ____ If yes, give names, amounts, and type of use

Wells:

(Name of Owner) (Street Address) (City) (State) (Zip Code)

AGWA Number (if known) Date of well construction:

If more than one well is used, describe the location and provide names of the owners of each well: (attach additional sheet if necessary)

Additional Information Required

Siting:

Attach a U.S. Geological Survey 7 1/2-minute quadrangle map, or a legible photocopy of the portion of the map containing this site. Clearly identify the (1) location of the proposed intake site, and (2) the proposed discharge site, and any of the following that apply, if known:

- | | | | |
|----|--------------------------------|----|----------------------------|
| a. | Other surface intakes or wells | c. | Other pumping sites |
| b. | Water treatment plants | d. | Wastewater discharge sites |

Give name of map quadrangle:

Access to Emergency Source:

If easement rights to the emergency source or along the delivery route are owned by someone other than the applicant, provide written documentation confirming that the landowner(s) have given consent.

Discharge Information:

Provide a description of how the water will be discharged, including the amount of water returned, name and location of stream or spring receiving the discharge, and discharge permit number (if applicable).

Construction in a Floodplain:

If the use of the emergency source involves construction in a floodplain, indicate whether a construction authorization has been obtained from appropriate agencies.

Temporary Transfer to Another Waterbody:

If water is to be transferred to an existing waterbody, provide the name of the water body and explain why this transfer is necessary.

Application Verification

I hereby request authorization to withdraw from waters of the Commonwealth as described in this application and any accompanying documents. To the best of my knowledge, all of the information that I have provided is true and correct. I understand that the issuance of this authorization does not relieve me from the responsibility of obtaining any other permits or licenses required by this Cabinet, or other state, federal or local agencies.

Name of Person or Organizational Representative Requesting Authorization

Title:

Signature: Date:

If application is prepared by a consultant or other person independent of the facility requesting this authorization, provide contact information below:

Name of consulting company or other organization

Address

Telephone Number

If approved, who do you wish the authorization be mailed to?

Consultant

Applicant

Submitting the Application

Mail completed application to:

Watershed Management Branch
Kentucky Division of Water
14 Reilly Road
Frankfort, KY 40601

Phone Number:
FAX Number

(502)-564-3410
(502)-564-9003